P10000085239

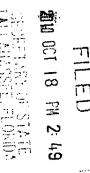
| (Requ | estor's Name) | | | |
|---|-----------------|-----------|--|--|
| (Address) | | | | |
| (Addre | ess) | | | |
| (City/S | State/Zip/Phone | · #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Busin | ess Entity Nam | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| Nococ | 7 | | | |

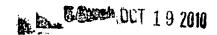
Office Use Only



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10/18/10--01021--002 **70.00





COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: | Green Sei | erch Inc. | | | |
|----------------------|---|--|--|--|--|
| | (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | |
| Enclosed are an ori | ginal and one (1) copy of the ar | ticles of incorporation and a check for: | | | |
| 670.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED | | | |
| FROM: | | Green e (Printed or typed) | | | |
| _ | 13436 | D', Marco St. | | | |
| _ | <u> Vence</u> | D', Marco St. Address FL 34293 (State & Zip | | | |
| - | | 712 - 4939 Telephone number | | | |
| | E-mail address: (to be us | R99 /plwo, Comed for future admual report notification) | | | |

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I | NAME OFFI | y SEARCH IN | C_{i} |
|---------------------|--|--|----------------------------------|
| The name of the | corporation shall be: | 4 SHILLIN | |
| ADTICLE II | DDINGIDAL OFFICE | | |
| ARTICLE II | PRINCIPAL OFFICE | Mailing | address, if different is: |
| | Principal <u>street</u> address | · · · · · | address, if different is. |
| | 13436 D. MAYCO Venco, EC 3429 | -24' <u></u> | |
| | Venro E/ 3429 | 3 | |
| | | | |
| ARTICLE III | | • | |
| The purpose for | which the corporation is organized is: | 0 + 1 | |
| | | Recructing | 4 B |
| | 1 | 1.20.00 | |
| | | • | |
| | | | |
| | | | |
| ARTICLE IV | SHARES | | |
| The number of sl | hares of stock is: | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DI | DECTODS. | 9 |
| Name and | Title: KYAN Green - | CONCONTAME and Title: | |
| Address: | <i>—————</i> | . Address: | |
| | 13436 D: MAYC | 054. | |
| | Venne FC 342 | 293 | |
| | <i>/</i> – · · | • | |
| | Title: | | |
| Address: | | Address: | |
| | | | |
| ` | | | |
| Name and | Title: | Name and Title: | |
| Address: | | Address: | <u></u> |
| | | | |
| | | | |
| ARTICLE VI | REGISTERED AGENT | | |
| | Torida street address (P.O. Box NOT acce | entable) of the registered agent is: | |
| Name: | Tudi Giran | _ | |
| Address: | 4195 Tomion | irails. | |
| | Venice, FL3 | 4293 | |
| ADDICE D ITT | ZIZODBOD 4 TOB | | |
| The name and a | INCORPORATOR ddress of the Incorporator is: | | |
| Name: | Kum Gree | 5 | |
| Address: | Ryan Gree 13436 D: Ma Venico, FL 3 | MS9 24. | |
| | Venice, FL 3 | 4292 | |
| | , | - | |
| | med as registered agent to accept service | | |
| this certificate, I | am familiar with and accept the appointm | ent as registered agent and agree to c | act in this capacity |
| - 1 | Till Quen | | 0/12/10 |
| | 1.71.71.70.71. | | 10/13/18 |
| /, | Required Signature/Registered A | Agent | Date ' |
| I submit thinks | cument and affirm that the facts stated h | parain ara trua I am amana that the | falso information submitted in a |
| | cument and affirm that the facts stated h Department of State constitutes a third deg | | |
| mocament to the | Justineni of Simic consumics a mira deg | sie jewing as provided for in 3.01 /.1 | / / |
| F | Y AT Green | | 10/12/10 |
| | Required Signature/Incorpora | itor | Date |